

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-048323

STATE FILE NUMBER

Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 12573

FILED JAN 10 1962

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Missouri</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>ST. LOUIS, MISSOURI</u> Length of stay in 1b <u>12 days</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>BARNES HOSPITAL</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jefferson</u> c. CITY OR TOWN <u>Arnold</u> (If outside, give location) d. STREET ADDRESS <u>RFD #1</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First <u>Lawrence</u> Middle <u>Harry</u> Last <u>Finch</u> (Type or print)		4. DATE OF DEATH Month <u>12</u> Day <u>28</u> Year <u>62</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>11-4-1907</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Electrical Plating</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Plating</u>	
11a. BIRTHPLACE (City and state or country) <u>Mine LaMotte, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William M. Finch</u>		13b. MOTHER'S MAIDEN NAME <u>Hattie M. Woods</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel Finch</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or (unknown)) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. [REDACTED]		17. INFORMANT <u>Guy Finch</u> <u>Fredericktown, Missouri</u>	
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>PULMONARY EMBOLI AND/OR MYOCARDIAL INFARCTION</u> DUE TO (b) <u>RHEUMATIC HEART DISEASE</u> DUE TO (c) <u>4/6x</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) [REDACTED]			
20c. TIME OF INJURY Hour <u>5:15 p.m.</u> Month <u>10</u> Day <u>19</u> Year <u>53</u>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>10/19/53</u>	
20f. CITY, TOWN, OR LOCATION <u>12/28/62</u>		20g. COUNTY <u>12/28/62</u>	
21. I attended the deceased from <u>10/19/53</u> to <u>12/28/62</u> and last saw her <u>12/28/62</u> Death occurred at <u>5:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>M.D.</u>		22b. ADDRESS <u>BARNES HOSPITAL</u>	
22c. DATE SIGNED <u>12-30-62</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
23b. DATE <u>12-31-62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Christian Cemetery</u>	
23d. LOCATION (City, town, or county) (State) <u>Libertyville, Missouri</u>		24. FUNERAL DIRECTOR <u>Cozean Funeral Home</u>	
25. DATE RECD. BY LOCAL REG. <u>DEC 31 1962</u>		26. REGISTRAR'S SIGNATURE <u>[Signature]</u>	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.